

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>03/14</u>	2 Serial/Patent # <u>10/615,645</u>							
3 Please refund the following fee(s):								
Filing	4 PAPER NUMBER							
Amendment	5 DATE FILED							
Extension of Time	6 AMOUNT							
Notice of Appeal/Appeal	\$							
<input checked="" type="checkbox"/> Petition	<u>7/22/05</u> \$ <u>400</u>							
Issue	\$							
Cert of Correction/Terminal Disc.	\$							
Maintenance	\$							
Assignment	\$							
Other	\$							
7 TOTAL AMOUNT OF REFUND \$ <u>400</u>								
8 TO BE REFUNDED BY:								
Overpayment	Treasury Check							
Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:							
<input checked="" type="checkbox"/> No Fee Due (Explanation):  <i>PLT granted</i>	9 <table border="1"><tr><td>1</td><td>2</td><td>—</td><td>2</td><td>1</td><td>5</td><td>0</td></tr></table>	1	2	—	2	1	5	0
1	2	—	2	1	5	0		
10 REASON:								
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: <u>CHARLENE G. M.</u> TITLE: <u>Attorney</u>								
SIGNATURE: <u>C. G. M.</u>	PHONE: <u>X-3215</u>							
OFFICE: <u>Patent</u>								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****								
APPROVED: <u>W. J. G.</u>	DATE: <u>07-19-05</u>							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B